MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	(I)					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	(I)					
13	(I)					
14	(I)					
15						
16	(I)					
17						
18	(I)					
19						
20						
21						
22						
23						
24	(I)					
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	(I)					
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47	(I)					
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

		IND	DEP	IND	DEP	IND	DEP
51							
52							
53							
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95							
96							
97							
98							
99							
100							
TOTAL IND.	13						
TOTAL DEP.	47						
TOTAL CLAIMS	60						